



Sandy Parks & Recreation

2014 Fall Youth Lacrosse

Player/Parent Registration Form

Please be accurate and completely fill out this form. Failure to do so may cause serious inconvenience or injury.

Office Use Only:
 Receipt # _____
 Amount Paid _____
 Date Paid _____
 Received by _____
 Late Fee _____ Family Discount _____

Player's Name: _____ ☐ Male ☐ Female
(First name) (Last name) (Middle Initial)

Address: _____ City: _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birth Date: _____ Age: _____ Grade: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____

(Evening): _____

(Cell): _____

Please check
ONE box for
 preferred
 phone number

Phone (Day): _____

(Evening): _____

(Cell): _____

Parent's E-mail Address: _____ Player's years of lacrosse experience: _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #s: (H): _____ (C): _____

Player would like to be on the same team as: _____

How did you find out about this program: website - school - mailing - brochure - email - friend - coach - Sandy Now

LEAGUES	EARLY REGISTRATION May 19-July 30	REGULAR REGISTRATION July 31-Aug 8	AFTER AUG 6 LATE REGISTRATION (upon availability)	EQUIPMENT RENTAL DEPOSIT
1 st - 2 nd Grade	\$55.00	\$60.00	\$65.00	\$75.00
3 rd - 4 th Grade	\$60.00	\$65.00	\$70.00	\$75.00
5 th - 8 th Grade	\$60.00	\$65.00	\$70.00	\$75.00

- Standard jersey sizing will be ordered for each age
- Refunds - \$15.00 of program fee is non-refundable
- No refund after 1st scheduled game

☺ Game Day and Location may change pending registration numbers.

1st & 2nd GRADE - COED		
6 on 6 (choose 1)		
Wednesday	Lone Peak	_____
Saturday	Lone Peak	_____

3rd & 4th GRADE - BOYS		
3 on 3 CHUMASH (choose 1)		
Wednesday	Lone Peak	_____
Saturday	Lone Peak	_____

5th & 6th GRADE - BOYS		
3 on 3 CHUMASH (choose 1)		
Monday	Lone Peak	_____
Saturday	Lone Peak	_____

7th & 8th GRADE - BOYS		
3 on 3 CHUMASH (choose 1)		
Monday	Lone Peak	_____
Saturday	Lone Peak	_____

3rd & 4th GRADE - GIRLS		
3 on 3 CHUMASH (choose 1)		
Wednesday	Lone Peak	_____
Saturday	Lone Peak	_____

5th & 6th GRADE - GIRLS		
3 on 3 CHUMASH (choose 1)		
Monday	Lone Peak	_____
Saturday	Lone Peak	_____

7th & 8th GRADE - GIRLS		
3 on 3 CHUMASH (choose 1)		
Monday	Lone Peak	_____
Saturday	Lone Peak	_____

EQUIPMENT RENTAL INFORMATION			
Players can rent one or all of the following equipment (\$75 deposit required)			
	Items	Size	Deposit
___	Helmet		\$30
___	Gloves		\$10
___	Shoulder pads		\$10
___	Elbow pads		\$10
___	Sticks		\$10
___	Eyewear		\$5
Total Deposit			

EQUIPMENT PICKUP DATE: Sandy Parks & Recreation - 440 E. 8680 S.

Wednesday, August 20, 2014 - 3 pm to 8 pm

Help make a successful program by volunteering! I will be a: (please write your name in)

Coach: _____ Assistant Coach: _____ Team Parent: _____
(Name) (Name) (Name)
 Email address (Coach and Assistant Coach only) _____

~Please read and sign consent form on reverse side~

SANDY CITY LACROSSE PROGRAM

INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below.

Program / Activity Description

The Sandy City Lacrosse Program runs approximately from April 1, 2014 through June 14, 2014 and utilizes Sandy City fields. Games are played on some weeknights and Saturdays. Participation in the Lacrosse program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary. .

Name of Child _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent

or Legal Guardian: _____ **Signature:** _____

(Please print)

Please fill out the registration form on reverse side